

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028730

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7034

STATE FILE NUMBER

1. PLACE OF DEATH

FILED JUL 31 1962

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

Hrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION DePaul Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

c. CITY

OR TOWN Overland

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

9508 Theodosia

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

James

Middle

Orville

Last

Hayes

4. DATE OF DEATH

Month

Day

Year

7-

17- 62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-9-1910

9. AGE (last birthday)

52

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Hutton & Watson

11. BIRTHPLACE (City and state or country)

Salem, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Stanley Hayes

13b. MOTHER'S MAIDEN NAME

Maude Riley

14. NAME OF HUSBAND OR WIFE

Erma Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WWII

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Erma Hayes, 9508 Theodosia

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Bladder

INTERVAL BETWEEN ONSET AND DEATH

9 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

181.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 16-2-61 to 7-17-62 and last saw him alive on 7-17-62
Death occurred at 2:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7-18-62

23c. NAME OF CEMETERY OR CREMATORY

Round Pond Cemetery

23d. LOCATION (City, town, or county)

Salem

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Earl Hilleman Overland 14, Mo.

25. DATE RECD. BY LOCAL REG.

JUL 18 1962

26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2400X3

3

4 0

5 1

6

7 0

8 2

9

10

11

1259-0

13

59

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Carl De Hilleman

Licensed Embalmer No.

3561

P. O. Address

Orion and 14th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.